


FILE NOW: FILING FEE IS \$61.25

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Jul 12, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17555 ✓					
1. Corporation Name HISPANIC LATIN FIESTA, INC.					
Principal Place of Business C/O LINDA HAYES GALLEGOS 7306 SWALLOW RUN WINTER PARK FL 32792			Mailing Address C/O LINDA HAYES GALLEGOS 7306 SWALLOW RUN WINTER PARK FL 32792		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2765744	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLEGOS, LINDA HAYES
7306 SWALLOW RUN
WINTER PARK FL 32792**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VARGAS, MARTA			1.2 NAME	Maria Rivera		
STREET ADDRESS	2207 VIENTO ST			1.3 STREET ADDRESS	3701 T.C.U. Boulevard		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, HUGO			2.2 NAME			
STREET ADDRESS	4845 MYRTLE BAY DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTESE, ALDO			3.2 NAME			
STREET ADDRESS	3783 N. STATE RD 426			3.3 STREET ADDRESS			
CITY-ST-ZIP	OVEDO FL			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLEGOS, LINDA HAYES			4.2 NAME			
STREET ADDRESS	7306 SWALLOW RUN			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, JOSEFA			5.2 NAME			
STREET ADDRESS	2421 BONNEVILLE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMIRA MORA			6.2 NAME			
STREET ADDRESS	9586 LINGWOOD TRL			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			6.4 CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99 407-207-4926
Date Daytime Phone #

CR2E037 (11/98)